

FILED

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

10 JAN 29 PM 3:20

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Citizens for Lori M. Tyack						Registration Number, if PAC			
Full Name of Candidate Lori M Tyack									
Street Address 4080 Chelsea Bridge Lane						Office Sought Municipal Court Clerk		District	
City Gahanna						State O H		Zip Code 43230	
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year 2009
	July Monthly		August Monthly		September Monthly		Termination		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election 1 1 0 8 0 5			

For candidates only, during an election year if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required at a post-primary or post-general period, if above statement applies See R C 3517 10(H) for details

1. Amount brought forward from last report	\$ 19,541.17
2. Total primary contributions (From Form No. 31-A)	\$ 4,500.00
3. Total other income (from Form No. 31-A-2)	\$
4. Total contributions from offices 1 & 2 & 3	\$ 24,041.17
5. Total contributions from Form No. 31-B	\$ 5,387.74
6. Total contribution (line 4 minus line 5)	\$ 18,653.43
7. Value of in-kind contributions received (From Form No. 31-F-1)	\$ 150.00
8. Value of in-kind contributions made (From Form No. 31-F-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-G)	\$
10. Outstanding loans owed by committee (From Form No. 31-G)	\$
11. Outstanding loans owed by committee (From Form No. 31-G)	\$
12. Value of independent expenditures made (From Form No. 31-H)	\$
13. For Electronic Filing Entities only	\$
Sum of line 6, 7 and amount of any new loans received this period	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Gregory J. Lestini

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution
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pages 20

Other
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Total
pages 29

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Lori M Tyack													
Full Name of Contributor Vorys Sater Seymour and Pease						Registration Number, if PAC OH109							
Street Address 52 E. Gay St.			Employer/Occupation/Labor Organization* PAC				Form (Cash, Check, etc) Check						
City Columbus		State O H		Zip Code 43215		M 0 9		D 1 6		Y 0 9		Amount 250.00	
Full Name of Contributor TOTAL CONTRIBUTIONS FROM FORM 31-E						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc)						
City		State		Zip Code		M		D		Y		Amount	
						1 1		1 2		0 9		4,250.00	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc)						
City		State		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc)						
City		State		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc)						
City		State		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc)						
City		State		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc)						
City		State		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc)						
City		State		Zip Code		M		D		Y		Amount	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R C 3517 10(B)(4)]

Page Total \$ 4,500.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens to Elect Lori M. Tyack						
Full Name of Contributor Portman, Foley & Flint LLP (Frederic A. Portman)			Registration Number, if PAC			
Street Address 471 E Broad St , Suite 1820	Employer/Occupation/Labor Organization* Attorney		M 1	D 1	Y 2	Amount 100.00
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Plumbers & Pipefitters L.U 189			Registration Number, if PAC PCE 6220			
Street Address 1250 Kinnear Rd.	Employer/Occupation/Labor Organization* Labor Organization		M 1	D 1	Y 2	Amount 100.00
City Columbus	State O	Zip Code 43212	Form(Cash,Check,etc) Check			
Full Name of Contributor Frick, Preston & Associates, LLC (Bradley N. Frick)			Registration Number, if PAC			
Street Address 1265 Neil Avenue	Employer/Occupation/Labor Organization* Attorney		M 1	D 1	Y 2	Amount 50.00
City Columbus	State O	Zip Code 43201	Form(Cash,Check,etc) Check			
Full Name of Contributor S.M.D./H L.S. Bonding Co. LLC (John Handler)			Registration Number, if PAC			
Street Address 571 South High St.	Employer/Occupation/Labor Organization* Bondsmen		M 1	D 1	Y 2	Amount 200.00
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Chuck Brown II Bail Bonds LLC			Registration Number, if PAC			
Street Address 342 S. High St.	Employer/Occupation/Labor Organization* Bondsmen		M 1	D 1	Y 2	Amount 100.00
City Columbus	State O	Zip Code 43215-4510	Form(Cash,Check,etc) Check			
Full Name of Contributor Larry J. Hotchkiss			Registration Number, if PAC			
Street Address 1241 Dublin Rd.	Employer/Occupation/Labor Organization* Attorney		M 1	D 1	Y 2	Amount 100.00
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Craig W. Klein			Registration Number, if PAC			
Street Address 5220 Harbor Pointe Dr.	Employer/Occupation/Labor Organization* Pres., Capital Recovery		M 1	D 1	Y 2	Amount 200.00
City Galena	State O	Zip Code 43021-9023	Form(Cash,Check,etc) Check			

* Required for contributions from individuals over \$100 to statewide and general assembly candidates If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear [R C 3517 10(B)(4)]

Fill in the boxes below only on the last page for this event

Transfer the Total contributions for this event to form No 31-A Under Full Name of Contributor state "Contributions from form No 31-E" and list the date of the event in the date column

Total contributions this event

Total expenditures this event

Page Total \$ 850.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Lori M. Tyack				
Full Name of Contributor Bradley B. Bennett			Registration Number, if PAC	
Street Address 3050 Avalon Rd.	Employer/Occupation/Labor Organization* Realtor		M D Y 1 1 2 0 9	Amount 200.00
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor The Huntington Bancshares, Inc. PAC			Registration Number, if PAC HBI-PAC (C00165589)	
Street Address 41 South High Street	Employer/Occupation/Labor Organization* -		M D Y 1 1 2 0 9	Amount 750.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Columbus Franklin County AFL-CIO PCE			Registration Number, if PAC PCE	
Street Address 1545 Alum Creek Drive, 2nd Floor	Employer/Occupation/Labor Organization* Labor Organization		M D Y 1 1 2 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43209	Form(Cash,Check,etc) Check	
Full Name of Contributor Ruth Rankin			Registration Number, if PAC	
Street Address 2432 Wyncourtney Ct.	Employer/Occupation/Labor Organization* Teacher-Upper Arlington		M D Y 1 1 2 0 9	Amount 200.00
City Powell	State O H	Zip Code 43065	Form(Cash,Check,etc) Check	
Full Name of Contributor Marlene E. Lynn			Registration Number, if PAC	
Street Address 203 Windsor Ct. Apt. H	Employer/Occupation/Labor Organization* Retired		M D Y 1 1 2 0 9	Amount 46.00
City Marysville	State O H	Zip Code 43040-2524	Form(Cash,Check,etc) Check	
Full Name of Contributor Ranjan Manoranjan			Registration Number, if PAC	
Street Address 344 Cramer Creek Ct.	Employer/Occupation/Labor Organization* 3SG		M D Y 1 1 2 0 9	Amount 100.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor Kahled Sukkar			Registration Number, if PAC	
Street Address P.O. Box 3474	Employer/Occupation/Labor Organization* AT&T Network Eng.		M D Y 1 1 2 0 9	Amount 200.00
City Dublin	State O H	Zip Code 43016	Form(Cash,Check,etc) Check	

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Fill in the boxes below only on the last page for this event

Transfer the Total contributions for this event to form No 31-A. Under Full Name of Contributor state "Contributions from form No 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,596.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens to Elect Lori M. Tyack						
Full Name of Contributor Zachary Scott			Registration Number, if PAC			
Street Address Best Effort	Employer/Occupation/Labor Organization* Franklin Co. Sheriff's Ofc.		M 1	D 1	Y 2	Amount 50.00
City	State	Zip Code	Form(Cash,Check,etc) Check			
Full Name of Contributor Zac Scott			Registration Number, if PAC			
Street Address Best Effort	Employer/Occupation/Labor Organization* Columbus Police Dept.		M 1	D 1	Y 2	Amount 50.00
City	State	Zip Code	Form(Cash,Check,etc) Cash			
Full Name of Contributor TOTAL CONTRIBUTIONS FROM FORM 31-G			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount 1,704.00
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R C 3517 10(B)(4)]

Fill in the boxes below only on the last page for this event

Transfer the Total contributions for this event to form No 31-A. Under Full Name of Contributor state "Contributions from form No 31-E" and list the date of the event in the date column.

Total contributions this event

4,250.00

Total expenditures this event

191.92

Page Total \$ 1,804.00

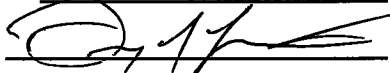
Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Citizens for Lori M. Tyack							
Full Name of Contributor							
Tommy J McFerin							
Street Address				M	D	Y	Amount
6815 Refugee Rd.				1	1	1	2009
City	State	Zip Code	Form (Cash, Check, etc)				
Pickerington	O H	43147-8983	Check				
Full Name of Contributor							
Obie D. Lucas							
Street Address				M	D	Y	Amount
175 Westview Ave				1	1	1	2009
City	State	Zip Code	Form (Cash, Check, etc)				
Columbus	O H	43214-1425	Check				
Full Name of Contributor							
Ahmed Kasheer							
Street Address				M	D	Y	Amount
5148 Pebble Ln.				1	1	1	2009
City	State	Zip Code	Form (Cash, Check, etc)				
Columbus	O H	43220-2539	Check				
Full Name of Contributor							
Matthew J. Pendency							
Street Address				M	D	Y	Amount
123 Bellefield Ave.				1	1	1	2009
City	State	Zip Code	Form (Cash, Check, etc)				
Westerville	O H	43081	Check				
Full Name of Contributor							
Crystal Ross							
Street Address				M	D	Y	Amount
5390 Westfall Rd. SW				1	1	1	2009
City	State	Zip Code	Form (Cash, Check, etc)				
Lancaster	O H	43130	Check				
Full Name of Contributor							
James Brim (Pete)							
Street Address				M	D	Y	Amount
Best Effort				1	1	1	2009
City	State	Zip Code	Form (Cash, Check, etc)				
			Cash				

The above are employees of a unit or department under the direct supervision or control of Lori M. Tyack, who currently holds the public office

of Franklin Co. Muni Clerk I hereby affirm that each contribution was voluntarily made



(Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No 31-A or 31-E, if received at a social or fundraising event Under "Full Name of Contributor" state "Total employee contributions from form No 31-G "

Page Total \$ 710.00

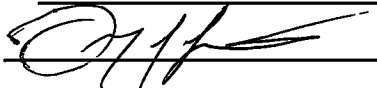
Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full												
Citizens for Lori M. Tyack												
Full Name of Contributor												
Michelle LaMarr												
Street Address						M	D	Y	Amount			
1734 East Kossuth St						1	1	1	2	0	9	100.00
City				State		Zip Code		Form (Cash, Check, etc)				
Columbus				O H		43206		Cash				
Full Name of Contributor												
Marilynn Stephens												
Street Address						M	D	Y	Amount			
857 S. 5th St.						1	1	1	2	0	9	100.00
City				State		Zip Code		Form (Cash, Check, etc)				
Columbus				O H		43206-2611		Check				
Full Name of Contributor												
Judy Vance												
Street Address						M	D	Y	Amount			
14819 Crownover Mill Rd.						1	1	1	2	0	9	100.00
City				State		Zip Code		Form (Cash, Check, etc)				
New Holland				O H		43145		Check				
Full Name of Contributor												
THIS ENTRY LEFT BLANK INTENTIONALLY												
Street Address						M	D	Y	Amount			
City				State		Zip Code		Form (Cash, Check, etc)				
Full Name of Contributor												
Mike Cherry												
Street Address						M	D	Y	Amount			
7457 Ida Way						1	1	1	2	0	9	100.00
City				State		Zip Code		Form (Cash, Check, etc)				
Canal Winchester				O H		43110-1335		Check				
Full Name of Contributor												
Edwin L. Saeger												
Street Address						M	D	Y	Amount			
11425 Taylor Rd.						1	1	1	2	0	9	100.00
City				State		Zip Code		Form (Cash, Check, etc)				
Plain City				O H		43064		Check				

The above are employees of a unit or department under the direct supervision or control of Lori M. Tyack, who currently holds the public office

of Franklin Co. Muni Clerk I hereby affirm that each contribution was voluntarily made



(Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No 31-A or 31-E, if received at a social or fundraising event Under "Full Name of Contributor" state "Total employee contributions from form No 31-G "

Page Total \$ 500.00

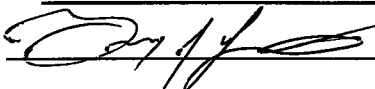
Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Lori M. Tyack							
Full Name of Contributor Won Y. Kim							
Street Address 7757 Kelly Drive				M 1	D 1	Y 2	Amount 09 100.00
City Dublin	State O	H H	Zip Code 43016	Form (Cash, Check, etc) Check			
Full Name of Contributor Debra Jones							
Street Address 3010 Grasmere Ave				M 1	D 1	Y 2	Amount 09 50.00
City Columbus	State O	H H	Zip Code 43224-4109	Form (Cash, Check, etc) Check			
Full Name of Contributor James Laver							
Street Address 1028 Hardesty Place West				M 1	D 1	Y 2	Amount 09 100.00
City Columbus	State O	H H	Zip Code 43204	Form (Cash, Check, etc) Check			
Full Name of Contributor William Beelman							
Street Address 221 Westwood Rd.				M 1	D 1	Y 2	Amount 09 50.00
City Columbus	State O	H H	Zip Code 43214	Form (Cash, Check, etc) Money Order			
Full Name of Contributor Dana Smith							
Street Address 4584 Pebble Beach Rd				M 1	D 1	Y 2	Amount 09 50.00
City Grove City	State O	H H	Zip Code 43123	Form (Cash, Check, etc) Cash			
Full Name of Contributor THIS ENTRY LEFT BLANK INTENTIONALLY							
Street Address				M	D	Y	Amount
City	State	H	Zip Code	Form (Cash, Check, etc)			

The above are employees of a unit or department under the direct supervision or control of Lori M. Tyack, who currently holds the public office

of Franklin Co Munl Clerk I hereby affirm that each contribution was voluntarily made

 (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No 31-A or 31-E, if received at a social or fundraising event Under "Full Name of Contributor" state "Total employee contributions from form No 31-G "

Page Total \$ 350.00

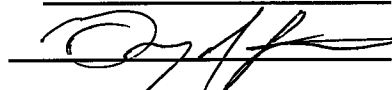
Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full										
Citizens for Lori M. Tyack										
Full Name of Contributor										
Rita LaForrest										
Street Address				M	D	Y	Amount			
1114 Slade Ave				0	7	2	4	0	9	50.00
City		State		Zip Code		Form (Cash, Check, etc)				
Columbus		O H		43235		Check				
Full Name of Contributor										
Several Contributions for T-Shirts										
Street Address				M	D	Y	Amount			
							94.00			
City		State		Zip Code		Form (Cash, Check, etc)				
						Cash				
Full Name of Contributor										
Street Address				M	D	Y	Amount			
City		State		Zip Code		Form (Cash, Check, etc)				
Full Name of Contributor										
Street Address				M	D	Y	Amount			
City		State		Zip Code		Form (Cash, Check, etc)				
Full Name of Contributor										
Street Address				M	D	Y	Amount			
City		State		Zip Code		Form (Cash, Check, etc)				
Full Name of Contributor										
Street Address				M	D	Y	Amount			
City		State		Zip Code		Form (Cash, Check, etc)				

The above are employees of a unit or department under the direct supervision or control of Lori M Tyack, who currently holds the public office

of Franklin Co. Muni Clerk I hereby affirm that each contribution was voluntarily made

 (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No 31-A or 31-E, if received at a social or fundraising event Under "Full Name of Contributor" state "Total employee contributions from form No 31-G "

Page Total \$ 144.00

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Lori M. Tyack			
Full Name of Contributor Ruth Rankin	Employer, Occupation, Labor Organization * Teacher	Registration Number, if PAC	
Street Address 2432 Wyncourney Ct.	Description of Item or Service Food and Drink	M 1	D 1
City Powell	State OH	Y 2	Fair Market Value 150 00
	Zip Code 43065	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Lori M. Tyack							
To Whom Paid Franklin County Democratic Party				M 1	D 2	Y 2	Amount 200.00
Address 271 East State Street		Purpose Party Event Tickets					
City Columbus	State O	H H	Zip Code 43215	Check Number 287			
To Whom Paid Friends of John O'Grady				M 1	D 2	Y 2	Amount 100.00
Address 480 S. 3rd St.		Purpose Political Contribution					
City Columbus	State O	H H	Zip Code 43215	Check Number 286			
To Whom Paid Columbus Education Association				M 1	D 2	Y 2	Amount 25.00
Address 929 East Broad Street		Purpose Award Dinner Tickets					
City Columbus	State O	H H	Zip Code 43205	Check Number 285			
To Whom Paid Franklin County Democratic Party				M 1	D 2	Y 2	Amount 1,500.00
Address 271 East State Street		Purpose 2010 Political Contribution					
City Columbus	State O	H H	Zip Code 43215	Check Number 284			
To Whom Paid Southeast Lions Club				M 1	D 0	Y 2	Amount 75.00
Address PO Box 06296		Purpose Advertisement					
City Columbus	State O	H H	Zip Code 43206	Check Number 376			
To Whom Paid Industrial Graphics/Graphic T's				M 1	D 0	Y 1	Amount 255.67
Address 532 R Main Street		Purpose T-Shirts & Stickers					
City Groveport	State O	H H	Zip Code 43230	Check Number 279			
To Whom Paid Industrial Graphics/Graphic T's				M 0	D 7	Y 0	Amount 667.19
Address 532 R Main Street		Purpose T-Shirts & Stickers					
City Groveport	State O	H H	Zip Code 43230	Check Number 368			
To Whom Paid Industrial Graphics/Graphic T's				M 0	D 7	Y 0	Amount 118.49
Address 532 R Main Street		Purpose Car Magnets & Name Badges					
City Groveport	State O	H H	Zip Code 43230	Check Number 369			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Lori M. Tyack						
To Whom Paid Industrial Graphics/Graphic T's			M 0	D 7	Y 3	Amount 258.87
Address 532 R Main Street		Purpose T-Shirts & Stickers				
City Groveport	State O	H H	Zip Code 43230	Check Number 372		
To Whom Paid Columbus Rotary			M 0	D 7	Y 1	Amount 182.00
Address Best Effort		Purpose Luncheon Tickets				
City Columbus	State O	H H	Zip Code	Check Number 370		
To Whom Paid Columbus Rotary			M 0	D 7	Y 1	Amount 26.00
Address Best Effort		Purpose Luncheon Tickets				
City Columbus	State O	H H	Zip Code	Check Number 371		
To Whom Paid Paley for Columbus			M 0	D 7	Y 2	Amount 100.00
Address Best Effort		Purpose Political Contribution				
City Columbus	State O	H H	Zip Code	Check Number 373		
To Whom Paid The Andy Padrutt Committee			M 0	D 7	Y 2	Amount 20.00
Address Best Effort		Purpose Political Contribution				
City Columbus	State O	H H	Zip Code	Check Number 374		
To Whom Paid Franklin County Democratic Party			M 1	D 0	Y 1	Amount 100.00
Address 271 East State Street		Purpose Ballot Breakfast fundraiser tickets				
City Columbus	State O	H H	Zip Code 43215	Check Number 280		
To Whom Paid Hummer for Judge			M 1	D 0	Y 2	Amount 500.00
Address 4314 Donington Rd		Purpose Political Contribution				
City Columbus	State O	H H	Zip Code 43220	Check Number 281		
To Whom Paid A Troy Miller for Columbus			M 1	D 0	Y 0	Amount 50.00
Address 1029 Northfield Pl N		Purpose Political Contribution				
City Reynoldsburg	State O	H H	Zip Code 43068	Check Number 375		

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Lori M. Tyack							
To Whom Paid Afterschool All Stars				M 1	D 2	Y 4	Amount 1,000.00
Address Best Effort		Purpose Donation-Sponsor of Event		Check Number 282			
City O		State H	Zip Code	Check Number 282			
To Whom Paid USPS				M 1	D 2	Y 4	Amount 17.60
Address Best Effort		Purpose Stamps for Campaign Purposes		Check Number 283			
City Columbus		State O	Zip Code H	Check Number 283			
To Whom Paid EXPENDITURES FROM FORM 31-F				M 1	D 1	Y 2	Amount 191.92
Address		Purpose		Check Number			
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose		Check Number			
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose		Check Number			
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose		Check Number			
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose		Check Number			
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose		Check Number			
City		State	Zip Code	Check Number			

Event Date	<u>11/12/04</u>
Page	<u>1</u>

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Citizens for Lori M. Tyack							
To Whom Paid Staples				M 1	D 0	Y 2	Amount 59.92
Address 1747 Olentangy River Road		Purpose Envelopes and Labels for Fundraiser					
City Columbus	State O	H H	Zip Code 43212	Check Number Card			
To Whom Paid USPS				M 1	D 0	Y 2	Amount 132.00
Address Main Office Window Unit		Purpose Postage for Fundraiser					
City Columbus	State O	H H	Zip Code 43216	Check Number Card			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	H	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	H	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	H	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	H	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	H	Zip Code	Check Number			

Transfer total expenditures for this event to Form No 31-B Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column

Page Total \$ 191.92